

Work Order ID 88767

August-02-12 7:53:42 AM

88767

PRELIMINARY ISSUE

Page 1

Item ID: D4635-4
Revision ID: PRELIM
Item Name: Aft Ceiling Panel, RH

Accept

N9000040100

Setup Start *NS1*

Stop *NS2*

Start Date: 02/08/2012 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 16/08/2012 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 12/08/02 Tooling:

Run Start *NR1*

QC: Date: SPC (Y/N): Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D4635	PB2
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100		0.00
-----	--	------

100 HAND FINISHING THERMOFORMING

Thermoform	Memo	0.00
------------	------	------

Thermoforming Machine	Cut Blanks
-----------------------	------------

xl Dh
12/08/02

105		0.00
-----	--	------

105 Dry Material

HandThermo	Memo	0.00
------------	------	------

Hand Finishing Thermoforming	Dry Sheet as per QSI022 KYDEX
------------------------------	-------------------------------

Temp: 150° F

Time IN: 7:00 pm 12/08/01

Time OUT: 7:00 am 12/08/02

no cutouts
- no holes

Dh
12/08/02

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 88767

88767

Page 3

Item ID: D4635-4
Revision ID: PRELIM
Item Name: Aft Ceiling Panel, RH

Accept

N9000040100

Setup Start ***NS1***
Stop ***NS2***

Start Date: 02/08/2012 Start Qty: 1.00 ***1***
Required Date: 16/08/2012 Req'd Qty: 1.00 ***1***

Cust Item ID:
Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***
Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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140 QC2- Inspect parts off machine FAI/FAIB 0.00

140

QC Memo 0.00

Quality Control

x/

Sh
12/08/08

150 QC5- Inspect part completeness to step on W/O 0.00

150

QC Memo 0.00

Quality Control

160 Packaging 0.00

160

Packaging Memo 0.00

Packaging

DA
16
17/08/08

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Picklist Print

August-02-12 7:53:46 AM

Page 1

Work Order ID: 88767

88767

Parent Item: D4635-4

D4635-4

Parent Item Name: Aft Ceiling Panel. RH

Start Date: 02/08/2012

Required Date: 16/08/2012

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev. A New Issue 12/05/07 DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MKYD6185S.080-P3-62015		Purchased	No			100	sf	1,495.838	8.49	9.433333			

MKYD6185S 080-P3-62015

6185 KYDEX .080"

**

Location

Loc Qty

Loc Code

therm

1495.838377

386.505377

1109.333

116576

121755

9.433333

Oh.
12/08/08

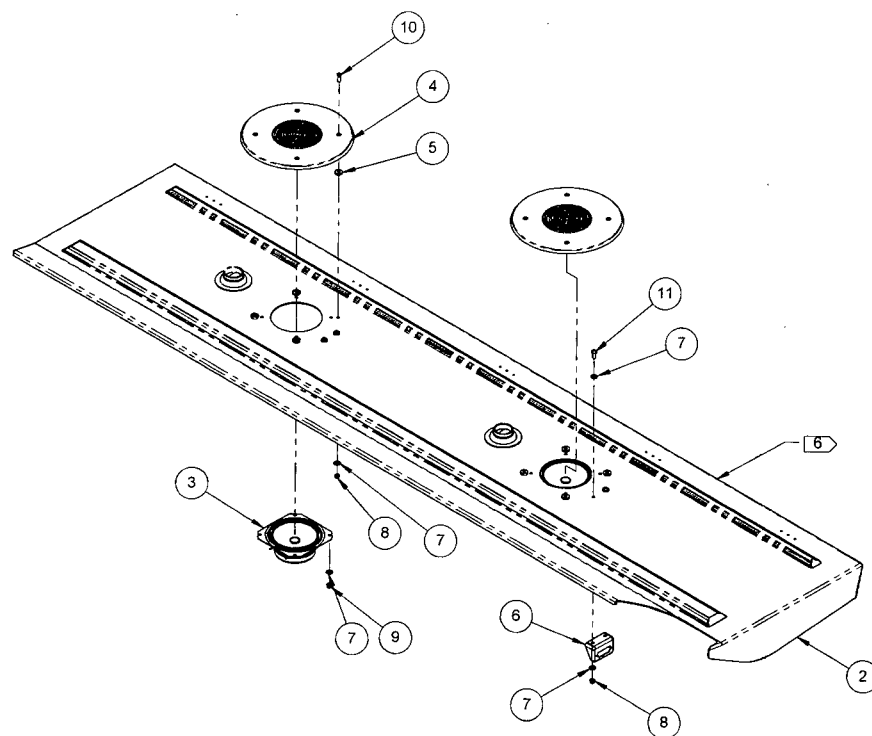
NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	



D4635-041 LH, FWD CEILING PANEL ASSY

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.4, ON SMOOTH SIDE
- 7) WEIGHT: 5.37 lbs

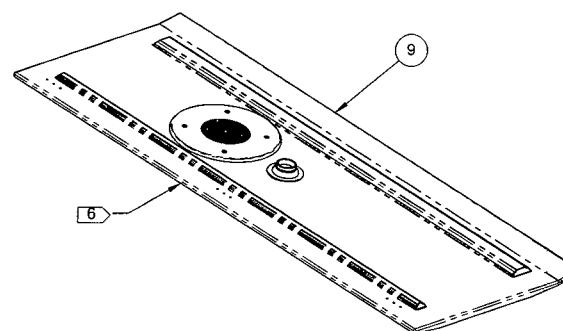
ITEM NO.	QTY. -041	PART NUMBER	DESCRIPTION
1	X	D4435-041	LH, FWD CEILING PANEL ASSY
2	1	D4435-1	LH, FWD CEILING PANEL
3	2	D4655-1	SPEAKER
4	2	D4655-3	MOUNT BAFFLE
5	8	D4664-3	SPACER
6	2	D4669-1	BRACKET
7	24	NAS1149D0332J	WASHER
8	12	MS21042L08	NUT
9	8	MS21044-N08	NUT
10	8	MS24694-S51	SCREW
11	4	MS27039-1-07	SCREW
12	2	D4646-1	PLENUM CAP ASSEMBLY
13	2	D4652-1	AIR VALVE, 1.16 ID DISK TYPE

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 88767 MLJ

12/08/02

PB2	ADD DIMENSIONS	RF	12.07.25
A	NEW ISSUE	RF	12.04.04
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. PB2
MFG. APPR.		D4635	SHEET 1 OF 10
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
DATE	12.07.25	<small>COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

ITEM NO.	QTY. -043	PART NUMBER	DESCRIPTION
1	X	D4635-043	LH, AFT CEILING PANEL ASSY
2	1	D4655-1	SPEAKER
3	1	D4655-3	MOUNT BAFFLE
4	8	NAS1149D0332J	WASHER
5	2	MS21042L08	NUT
6	2	MS27039-1-07	SCREW
7	4	MS24694-S51	SCREW
8	4	MS21044-N08	NUT
9	1	D4635-3	LH, AFT CEILING PANEL
10	1	D4695-3	CHANNEL
11	1	D4646-1	PLENUM CAP ASSEMBLY
12	1	D4652-1	AIR VALVE, 1.16 ID DISK TYPE
13	1	D4669-1	BRACKET

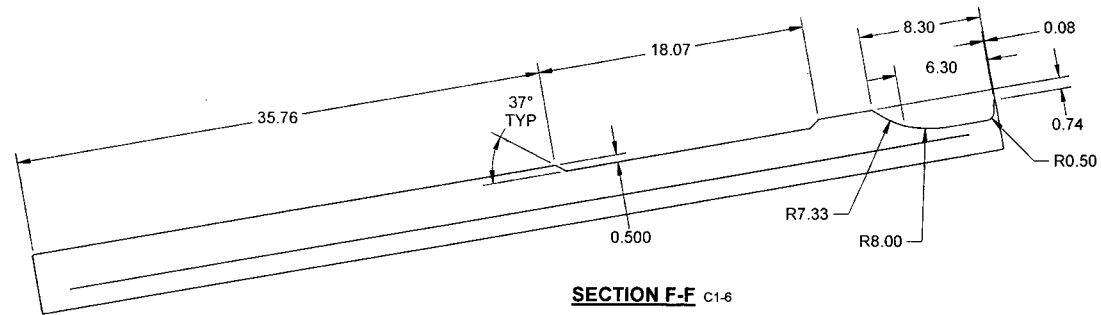


D4635-043 LH, AFT CEILING PANEL ASSY

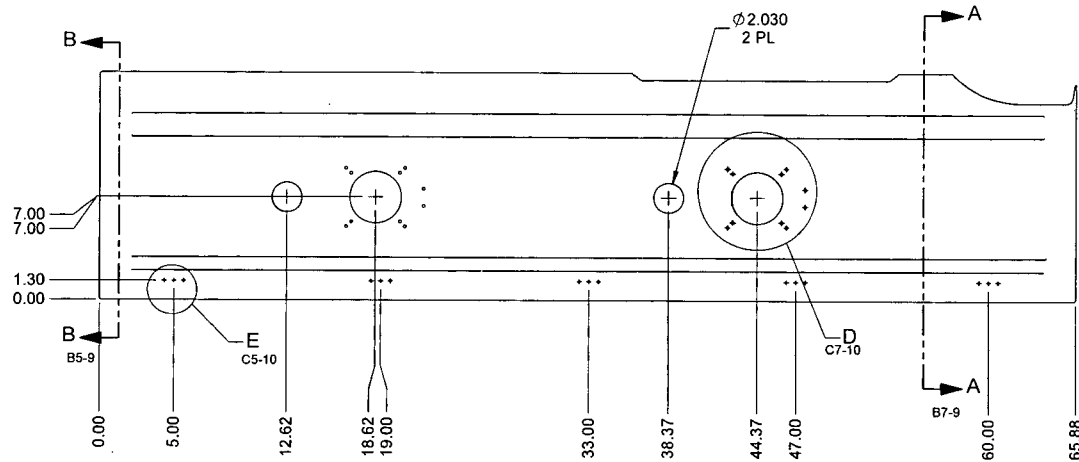
NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.4, ON SMOOTH SIDE
- 7) WEIGHT: 3.57 lbs

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<i>RF</i>	DRAWING NO.	REV. PB2
MFG. APPR.		D4635	SHEET 3 OF 10
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	
DATE	12.07.25	<small>COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	



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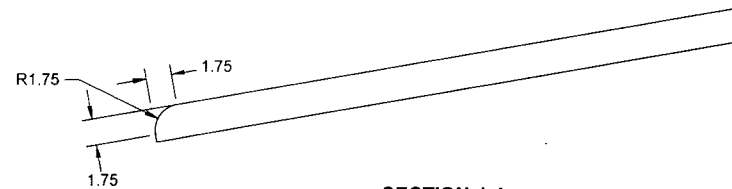


NOTES:

- 1) MATERIAL: KYDEX 6185 SHEET, 0.080 THICK,
P3-VELOUR MATTE, IVORY #62015
PER DART SPEC MKYD6185S.080-P3-62015
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 4.27 lbs
- 8) TEXTURE ON THIS SIDE

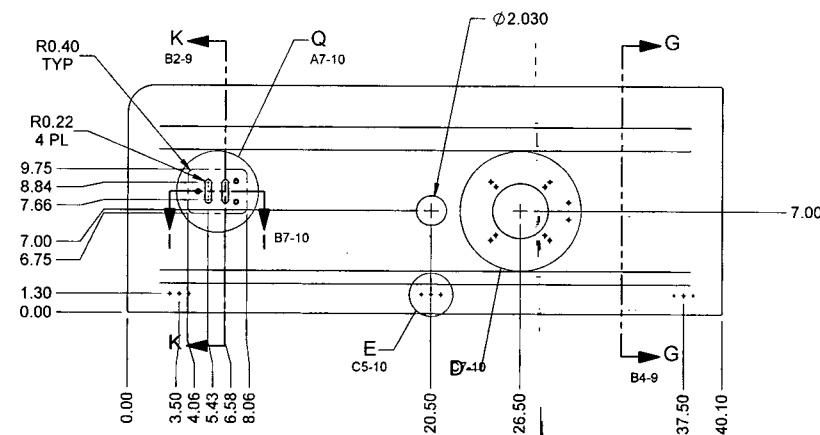
D4635-2 RH. FWD CEILING PANEL

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. PB2
MFG. APPR.		D4635	SHEET 6 OF 10
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
DATE	12.07.25	COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



SECTION J-J C2-10

28767

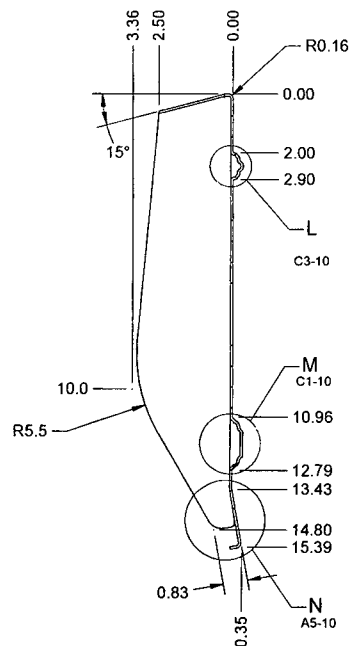


D4635-4 RH, AFT CEILING PANEL

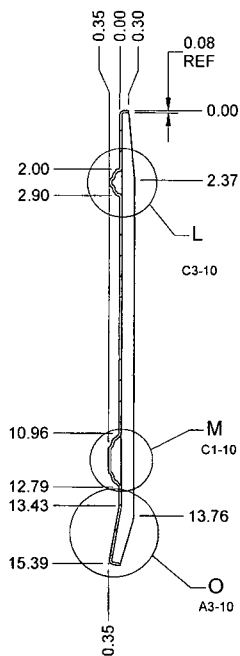
NOTES:

- 1) MATERIAL: KYDEX 6185 SHEET, 0.080 THICK,
P3-VELOUR MATTE, IVORY #62015
PER DART SPEC MKYD6185S.080-P3-62015
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 2.60 lbs
- 8) TEXTURE ON THIS SIDE

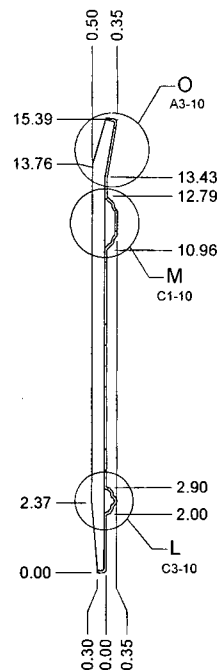
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. PB2
MFG. APPR.		D4635	SHEET 8 OF 10
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
DATE	12.07.25	<small>COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD</small>	



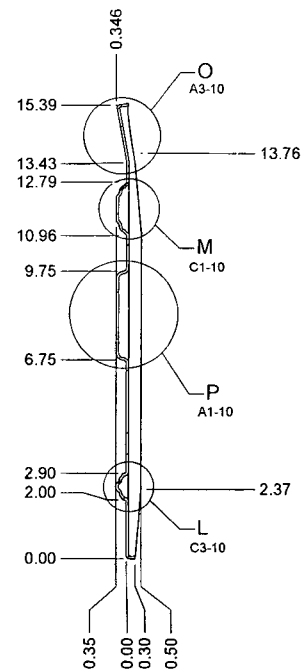
SECTION A-A B3-5
SCALE 2X B3-6



SECTION B-B B7-5
SCALE 2X B7-6



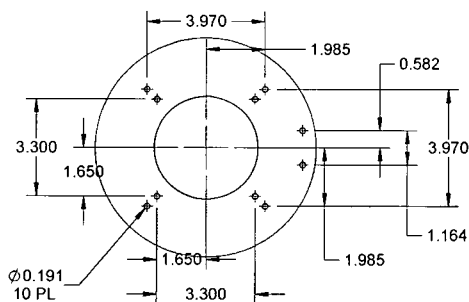
SECTION G-G B4-7
SCALE 2X B4-8



SECTION K-K C6-8
SCALE 2X

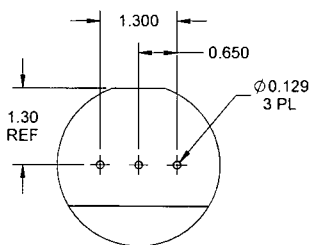
28767

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED		DRAWING NO.	REV. PB2
MFG. APPR.		D4635	SHEET 9 OF 10
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
DATE	12.07.25	<small>COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD</small>	



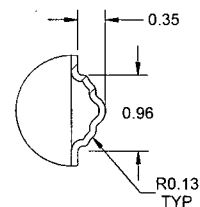
DETAIL D
SCALE 2X

B4-5
B3-6
B5-7
B5-8



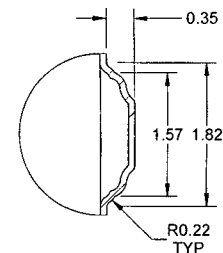
DETAIL E
SCALE 4X

C6-5
B6-6
C6-7
B5-8



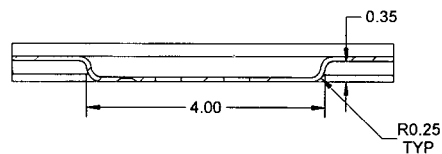
DETAIL L
SCALE 1.5X

B2-9
B3-9
C5-9
C6-9



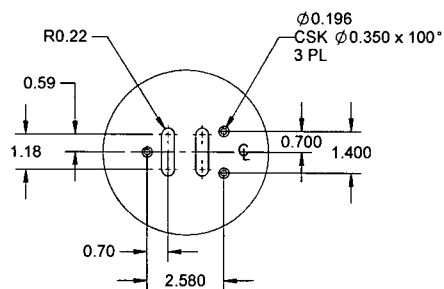
DETAIL M
SCALE 1.5X

C2-10
C3-10
C5-10
C7-10



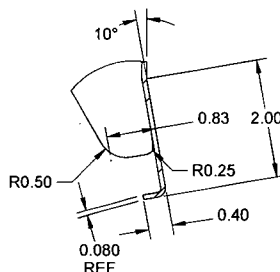
SECTION I-I
SCALE 4X

B5-8



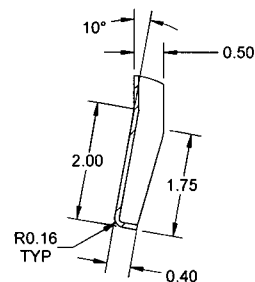
DETAIL Q
SCALE 2X

C5-8



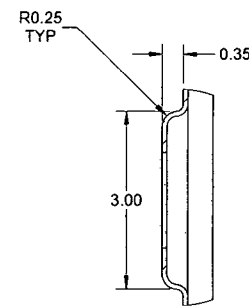
DETAIL N
SCALE 2X

B7-9



DETAIL O
SCALE 2X

D2-9
D3-9
D5-9



DETAIL P
SCALE 4X

C2-9

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. PB2
MFG. APPR.		D4635	SHEET 10 OF 10
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
DATE	12.07.25	COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

DART AEROSPACE LTD	Work Order: 88767
Description: AFT Ceiling PANEL RH.	Part Number: D4635-4
Inspection Dwg: D4635 Rev: PB2	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST
THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than <u>N/A</u> "				
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

Measured by: Sh.

Date: 12/08/02

TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.30"		0.320"	✓		Visual DL-02	
0.50"		0.507"	✓		Visual DL-02	
2.37"		2.36"	✓		Visual DL-02	
0.40"		0.401"	✓		Visual DL-02	

Measured by: Sh.

Date: 12/08/08

Audited by: DAS 12/08/08

Date:

Preliminary Approval: 16 9-89

Date:

Rev	Date	Change	Revised by	Approved
B	10.04.14	Added preliminary approval	KJ	

10.04.14

Daryl Leger

From: Roberto Fuentes <rfuentes@dartaero.com>
Sent: Friday, August 03, 2012 12:53 PM
To: Daryl Leger
Subject: Regarding A139 panels

Hi Daryl,

We talking to Harvey the other day regarding A139 panels drawing, the drawing was done to get part/mold make up, now there are ok, we thinking eliminate few of those because much control by mold have a note say regarding about that and this makes easy for QC less dimension to check in the future. For most I need is trim dimensions and oval dimensions. Thinking about that, let me know if make sense to you?

Roberto

Receiving Report

Date: 11/01/11

Batch No: 1116576

Supplier: SABIC

Dart P/O: 13140

Packing Slip: Yes ☒ No ☐
 Invoice: Yes ☐ No ☒
 Receipt: Cash ☐ Cr ☒

Release Note Attached: Yes ☒ No ☐ N/A ☐
 Waybill Attached: Yes ☒ No ☐
 Shipment Complete: Yes ☒ No ☐ N/A ☐
 QC6 Inspection ☒ Sublot N/A ☐
 Work Order ☒

Discrepancies

Part Number	Description	Quantity Ordered	Quantity Received	Quantity Returned	Quantity Short	Comments

Initials of receiver (if shipment OK) Level 12 [Signature]

Production/Admin: 11/01/11
 Date [Signature]
 Received/Costing [Signature]
 Initial [Signature]

Location THRM

Purchase Order Receipt Listing

Page 1 of 1

Tuesday, January 11, 2011 1:16:20 PM

All amounts are calculated in domestic currency.

All Vendors PO ID PO13140 Receipt Dates from 1/11/2011 to 1/11/2011 All Line Item Types

All Item ID/GL/WOs All Rec. Employees All Currencies

Grouped by Vendor ID

Purchase Order ID/ Curr Type	Line Nbr/ Insp Req	Project ID	Reference/ Description/ Cert Std	PO U/M / Stock U/M	Required Date Required Qty	Recv Date/ Date/ Recv Emp	Recv Qty (PO U/M)	Cost Per Unit/ Recv Value	Inspected Qty/ Rejected Qty (PO U/M)	MRB Qty/ MRB Reject Qty	Book Amt
VendorID\Vendor Name		VC-GEP001	SABIC Polymershapes								
PO13140	1		MKYD6185S.080-P3-62015	sf	1/26/2011	1/11/2011	1,144.0000	\$8.07	0.0000	0	\$9,229.56
CAD	No		6185 KYDEX .080" 116576	sf	1,074.6584	DESJ02		\$9,229.56	0.0000	0	
									Total Received Quantity:		1,144.0000
									Total Qty to Inspect (PO U/M):		0.0000
									Total Reject Quantity:		0.0000
									Total Receipt Value:		\$9,229.56
									Total Balance Due Quantity:		0.0000

*** SHIPPER ***
*** Conversion/Fabrication ***

A/C 14.18

SABIC Polymershapes
1250 Old Innes Rd., Unit 519

Ottawa, Ontario K1B 5L3
PST 85637 2750 TR0001
PHONE: (613) 745-7043 FAX: (613) 745-4291

MIDLAND NIR# R-518639-1 Aug 10
Freight
7230655-8

Page: 1

SOLD TO: DART AEROSPACE LTD

SHIP TO: DART AEROSPACE LTD

1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
Canada

1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
Canada

1-613-632-5200

Our Order No	Customer	GST License	PST License	Invoice Terms	Ordered	Shipped	Taken By	RDD
094407	DARAER	CHARGE GST	6112-5207	NET 30 DAYS	16.12.10		caldwellj	31.01.11
Ship.Doc.No	Salesrep	Customer P.O.#	Shipped Via	F.O.B.	Freight Terms	Inv. No.	Ship Date	
01	93	13140	T S T		COLLECT		28.01.11	

Ln# Location Ord B/O Ship Sku Product Code

Description U/Price

DELIVERIES TO BE DONE BEFORE
4:00 PM , ADVISE SHIPPING CO.

001 31 21 0 SHT 00610805

KYDEX 6185 - P3 - IVORY 62015
.080 X 52 X 96

002 1 0 1 EA 0000005

THANK YOU FOR SELECTING
SABIC POLYMERSHAPES

LINE No.	RECEIVING No.	PICKED BY	DATE	SHIPPED BY	DATE	VERIFIED	DATE

NO GOODS TO BE RETURNED WITHOUT APPROVAL FROM SABIC. ALL DISCREPANCIES MUST BE REPORTED WITHIN 10 DAYS.
ALL RETURNS MUST HAVE VALID RETURNED GOODS AUTHORIZATION NUMBER CLEARLY MARKED ON ALL PACKAGES.

SABIC
Polymers
Plastics

سابك
sabic

SABIC Polymersshapes

1250 OLD INNES RD. 519 OTTAWA, ONT. K1B 5L3
TEL: 613 745 7043 FAX: 613 745 8163

CERTIFICATE OF COMPLIANCE

SOLD TO: DART AEROSPACE

DATE: 12/17/2010

YOUR PURCHASE ORDER: 13140

OUR SHIPPER NO: 094407

LINE ITEM #: 1

QUANTITY: 33 ~~21~~ PIECES

8x12/11

DESCRIPTION: KYDEX 6185 - P3 - IVORY 62015

THESE PARTS WERE MANUFACTURED IN ACCORDANCE WITH: FAR 25 . 853

THIS IS TO CERTIFY THAT THE MATERIAL FINISHES AND FUNCTIONAL REQUIREMENTS OF THE ABOVE LISTED PARTS ARE IN ACCORDANCE WITH THE REFERENCE PROCUREMENT SPECIFICATIONS, CONTROL DRAWINGS OR PARTS DESIGNATION AND LATEST REVISIONS AS REFERENCED ON THE SUBJECT PURCHASE ORDER.

AUTHORIZED REPRESENTATIVE SIGNATURE

Jon Caldwell

JON CALDWELL
BRANCH MANAGER



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO13140

Purchase Order Date 12/16/10
PO Print Date 12/16/10

Page Number 1 of 1

Order From :

SABIC POLYMERSHAPES
9150 AIRPORT ROAD
BRAMPTON, ON L6S 6G1
CA

VC-GEP001

Contact Name
Vendor Phone 800 267 1575
Vendor Fax 613 745 4291
Vendor Account Nbr

Buyer Chantal Lavoie
Requisition Nbr
Tax Resale Nbr 10127-2607
Terms Net 30
Currency CAD
FOB Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAKED
6/10/12/14

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	MKYD6185S.080-P3-62015	6185 KYDEX .080"	1/26/11 Yes	1,074.66 sf	TST ground	\$8.0678	\$8,670.13
		Special Inst:	MATERIAL: KYDER 6185, COLOR CODE: IVORY 62015 TEXTURE: P-3 VELOUR MATTE SHEET SIZE: 52" X 96" X 31 SHEET = 1074.6584 SF				
2	MDELINB2.000X02.000	DELIN-BAR	12/28/10 Yes	8.00 f	TST ground	\$26.8400	\$214.72
		Special Inst:	MATERIAL: DELRIN II 150E OR ACETRON GP ACETAL COLOR: BLACK				

1144 REF
Nec 33 sheets

1144 REF

PO Total: \$8,884.85

MATERIAL CERTIFICATION
REQ'D UPON DELIVERY

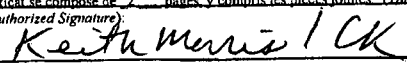
No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required when applicable

Change Nbr: 1

Change Date: 12/16/10

Accord de Libre-Échange Nord-Américain Certificat d'Origine

North American Free Trade Agreement Certificate of Origin

1. Nom et Adresse de l'Exportateur (Exporter Name and Address) KYDEX LLC 6685 LOW STREET BLOOMSBURG, PA 17815 Numéro d'Identification aux Fins de l'Impôt (Tax I.D. Number) 27-0087605		2. Période Globale (Blanket Period) Du (JIMMAA): 01/01/11 (Effective Date DDMMYY) Au (JIMMAA): 12/31/11 (Expiration Date DDMMYY)			
3. Nom et Adresse du Producteur (Producer Name and Address) Same Numéro d'Identification aux Fins de l'Impôt (Tax I.D. Number)		4. Nom et Adresse de l'Importateur (Importer Name and Address) SABIC OTTAWA 1250 OLD INNES ROAD #519 OTTAWA ON K1B 5L3 CANADA Numéro d'Identification aux Fins de l'Impôt (Tax I.D. Number)			
5. Description des Produits (Description of Goods) KYDEX SHEETS "We certify that all wood packaging materials have been manufactured in compliance to ISPM #15 and are identified accordingly."	6. Numéro de Classement Tarifaire S.H. (HS Tariff Classification) 3920.99	7. Critère de Préférence (Preference Criterion) C	8. Producteur (Producer) YES	9. Coût Net (Net Cost) NO	10. Pays d'Origine (Country of Origin) USA
11. Certification d'Origine (Certification of Origin) J'atteste Que (I Certify that): <ul style="list-style-type: none"> Les renseignements fournis dans le présent document sont exacts et je me charge de prouver, au besoin, ce qui y est avancé. Je comprends que je suis responsable de toutes fausses assertions ou omissions importantes faites dans le présent document ou s'y rapportant. (The information on this document is true and accurate and I assume the responsibility for proving such representations. I understand that I am liable for any false statements or material omissions made on or in connection with this document). Je conviens de conserver et de produire sur demande les documents nécessaires à l'appui du certificat et d'informer, par écrit, toute personne à qui il a été remis, des changements qui pourraient influencer sur son exactitude ou sa validité. (I agree to maintain, and present upon request, documentation necessary to support this certificate, and to inform, in writing, all persons to whom the certificate was given of any changes that would affect the accuracy or validity of this certificate). Les marchandises sont originaires du territoire de l'une ou de plusieurs des parties et sont conformes aux exigences relatives à l'origine prévues dans l'Accord de libre échange nord-américain et, sauf exemption expresse à l'article 411 ou à l'annexe 401, n'ont subi aucune production supplémentaire ou autre transformation à l'extérieur du territoire des parties. (The goods originated in the territory of one or more of the parties, and comply with the origin requirements specified for those goods in the North American Free Trade Agreement, and unless specifically exempted in Article 411 or Annex 401, there has been no further production or any other operation outside the territory of the Parties). Le présent certificat se compose de 2 pages, y compris les pièces jointes. (This certificate consists of 2 pages, including all attachments). 					
Signature Autorisée (Authorized Signature): 		Société (Company): Kydex LLC			
Nom (Name): KEITH MORRIS		Titre (Title): Logistics Manager			
Date (JIMMAA) (Date DDMMYY): 01/06/11	Téléphone (Telephone): 570-387-6997		Télécopieur (Fax): 570-387-8722		



Canada Customs
And Revenue Agency et du revenu du Canada

Agence des douanes

CANADA CUSTOMS INVOICE

Page of
de

1. Vendor (name and address) - (Vendeur (nom et adresse)) KYDEX LLC 6685 Low Street Bloomsburg, PA 17815		2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada JANUARY 06, 2011	
3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur) 222031/00-J05914		4. Consignee (name and address) - Destinataire (nom et adresse) SABIC OTTAWA 1250 OLD INNES ROAD #519 OTTAWA CANADA ON K1B 5L3	
5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire)		6. Country of transshipment - Pays de transbordement	
7. Country of origin of goods Pays d'origine des marchandises USA		8. Conditions of sale and terms of payment (i.e. sale, consignment shipment, leased goods, etc.) Conditions de vente et modalités de paiement (p. ex. Vente, expédition en consignation, location de marchandises, etc.) Net 30 days	
9. Currency of settlement - Devises du paiement US FUNDS		10. Transportation: Give mode and place of direct shipment to Canada Transport: Prémode et point d'expédition directe vers le Canada TRUCK BLOOMSBURG, PA	
11. Number of Packages Nombre De colis	12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Designation des articles (nature des colis, marques et numéros description générale et caractéristiques, p. ex. Classe, qualité)	13. Quantity (state unit) Quantité (préciser l'unité)	SELLING PRICE - PRIX DE VENTE 14. Unit price Prix unitaire 15. Total
1	3920.99 PALLET KYDEX "6185", SHEET 52"X 96".080 P3 62015 (33 PIECES) CUSTOMS BROKER: LIVINGSTON PHONE: 800-226-1875	1,1440.11 SQ FT	4.69000 \$5,365.36
16. Total weight - Poids total Net 292.27		17. Invoice total Total de la facture \$5,365.36	
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relatif aux zones 1 à 17 figure sur une ou des factures Commercial Invoice No. / N° de la facture commerciale		19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)	
20. Originator (name and address) - Expéditeur d'origine (nom et adresse)		21. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case	
22. CCRA ruling (if applicable) - Décision de l'Agence (s'il y a lieu)		23. Check (if applicable): Cochez (s'il y a lieu): (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises	
24. If included in field 19 indicate amount: Si compris dans le total à la zone 17, précisez: (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada (ii) Amounts for commodities other than buying commissions Les commissions autres que celles versées pour l'achat (iii) Export packing Le coût de l'emballage d'exportation		25. If included in field 19 indicate amount: Si non compris dans le total à la zone 17, précisez: (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada (ii) Amounts for commodities other than buying commissions Les commissions autres que celles versées pour l'achat (iii) Export packing Le coût de l'emballage d'exportation	

Dans ce formulaire, toutes les expressions désignent des personnes vivants (à la fois les hommes et les femmes).

CII (00) Printed in Canada - Imprimé au Canada

A466

TST Overland Express

Express MAIL

P.O. Box 3030, Station A, Mississauga, Ontario L5A 3S3
G.S.T.# 144612488
Overland Western International Inc.(OWIA)
3091 Rockwell Avenue, Cleveland, Ohio 44115-3411Carrier Code
Code du Transp.
2153Division of TST Solutions LP,
Unité de TST Solutions LP,
D.U.N. no. 242148401 (O.V.L.D.)

P/U Trailer - Unite Cueil

L/H Trailer - Unite Route

859836

736-3864184

4

Manifest From - Manifest de Consigne - Consignataire		To - A	0007349	NS	Purchase Order No. - N° de Commande		1	10	11
DART AEROSPACE LTD 1270 ABERDEEN STREET HAWKESBURY, ON K6A 1K7		SABIC POLYMERSHAPES 1250 OLD INNES RD UNIT 519 OTTAWA, ON K1B 5L3				OTT		MTL	4
						Declared Value - Valeur déclarée Type - Genre		STD	0 01

Bill To - Facturer à		Origin Carrier - Premier Transporteur		O/C Pro No. - N° Facture P/T		M	D.J	Beyond Carrier - Transporteur subs.		S.R.	Amount - Montant
----------------------	--	---------------------------------------	--	------------------------------	--	---	-----	-------------------------------------	--	------	------------------

Pieces - Coils	H.M.	Description	Weight - Poids	Rate - Teux	Charges - Frais
1		SKD STC 33 SHTS KYDEX 6185 RATED AS SO#094407 23.6 CFT 96X53X8 ORIGINAL STATED WT 250 LBS SCALED TO 750 LBS FUEL SURCHARGE Printed on 01/11/2011 @ 07:41 ** COLLECT **	750 1,000		COLLECT COLLECT

Total Pieces Coils total	GST# 144612488	Total Weight Poids total	1,000	Total Charges Frais totaux	COLLECT
-----------------------------	----------------	-----------------------------	-------	-------------------------------	---------

E & OE	Print Last Name	A TransForce Company	SWW INTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	Connecting Carrier Please - Protect this Amount Au transporteur suivant - Frais à protéger	Any loss or damage must be noted on pro bill at time of delivery otherwise consignee's signature will constitute clear receipt. Toutes pertes ou dommages doivent être notés sur le connaissement au moment de la livraison, autrement la signature du consignataire constituera un reçu final.	C.O.D. Total P.S.L.	Cash or Certified Cheque Only - Driver Collect This Amount Chèque visé ou argent comptant seulement - à percevoir par le chauffeur
--------	-----------------	----------------------	--	---	---	---------------------------	---

X	Received in Apparent Good Order - Reçu sans Avoir Apparente	Date	11/20/11	Time In	Unit - Unité	Driver - Chauffeur	Signature Copy - Copie de Signature
---	---	------	----------	---------	--------------	--------------------	-------------------------------------

OEO-0981 04/06